

ASSESSMENT WORKSHEET FOR NATURAL RESIDENTIAL SETTING**COMMUNITY SUPPORT PROGRAM**

NAME - SSI Recipient: _____

If the person is chronically mentally ill or is a chronic alcoholic or other drug abuser and requires assistance in the following areas, enter the approximate number of hours per month.

_____ 1.	Case planning, monitoring and review	_____ 14.	Transportation
_____ 2.	Case management	_____ 15.	Assistance in learning daily living tasks (e.g., personal grooming, laundry, planning/preparing food, purchasing necessities, housekeeping, financial management, training in the use of available transportation
_____ 3.	Assessment/diagnosis	_____ 16.	Crisis intervention
_____ 4.	Assistance in obtaining needed benefits (e.g., financial support, legal services, money management)	_____ 17.	Vocational services
_____ 5.	Advocacy	_____ 18.	Acquiring/maintaining adequate housing
_____ 6.	Education, support, and consultation to clients' families and other major supports	_____ 19.	Social/recreational activities
_____ 7.	Supportive counseling/psychotherapy	_____ 20.	Coordination of services with other human service programs
_____ 8.	Assertive outreach	_____ 21.	On-site supervision needed to protect health, safety, welfare
_____ 9.	Symptom management	_____ 22.	Respite to family or other major supports
_____ 10.	Medical support/obtaining health care	_____ 23.	Other (specify)
_____ 11.	Referral		
_____ 12.	Socialization and interpersonal		
_____ 13.	Assistance with and training in community functioning (e.g., family relationships, parenting)	_____	TOTAL MONTHLY HOURS OF CSP

IF THE TOTAL HOURS OF CSP NEEDED ARE 40 OR MORE HOURS PER MONTH, THE PERSON IS ELIGIBLE FOR SSI-E.